10/44537	/ -	Inder the Paperwork PATE	Reduction Ac	1 of 1995,	no persons are re	quired to respon	U.S. Palent and d to a collection of I	Trademark Of	fice; U.S. I ess il disp	ough 7/31/2008.	control number.
(' ,	<u> </u>	PATENT APPLICATION FEE DETERMINATION RE Substitute for Form PTO-875							Applica	INDIT OF DOCKET N	umper
	_		Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY				
	-	FOR SIC FEE	NUM	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE
	(37	CFR 1.18(a))						\$	OR		\$
		TAL CLAIMS CFR 1.18(c))		minus 20 =			X \$		1		*
•		CFR 1.10(b))	minus 3 :		1 .		1		OR	× 5	
	MU	LTIPLE DEPENDENT					X 1 •		OR	× \$	
•		MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							OR	+ 5	
	1."	the difference in colu	mn 1 is loss (I	an zoro.	anlor "0" in column	TOTAL	L	OR	TOTAL		
CLAIMS AS AMENDED - PART II											
	(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR		R THAN ENTITY
	AMENDMENT A	A	REMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	HATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL
	N N	Total (37 CFR 1 16(c))	32	Minus	32	*	* 9	->	OR	x 18.	FEE
	EN	Independent (37 CFR 1 16(b))	4	Minus		-	ve Hel		1	× 1 88 -	
	Ą	FIRST PRESENTATION	N OF MULTIPL	E DEPEN	DENT CLAIM (37 CI	FR 1 16(d)1	1		OR	γ, 00 t	
							TOTAL	-	OR	+ S=	
							ADD'L FEE	L	OR	ADD'L FEE	
		(CLAIMS		(Column 2) HIGHEST	(Column 3)					
	AMENDMENT B	AN	EMAINING AFTER IENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	∑ O	Total (37 CFR 1 16(c))		Minus	••	=	x s =		OR	x \$ =	- '55
	EN I	(37 CFR 1 16(b))	1	Minus		=	x \$ =	:	1		
	₹	FIRST PRESENTATION	OF MULTIPLE	DEPEND	ENT CLAIM (37 CF	R 1 16(di)			OR	× \$=	
							TOTAL		OR	TOTAL =	
							ADD'L FEE		OR	ADD'L FEE	
	$\overline{}$		olumn 1)		(Column 2) HIGHEST	(Column 3)					
ereminants on manager to select a management	O L	RE	MAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI-	ł	RATE	ADDI-
	- <u> </u>	AAH	NDMENT		PAID FOR			FEE			FEE
	$ \omega$ μ	Total .		Minus		=	x s =		OR	x \$=	
	A L	(31 C+R+16(b))		Minus		:	x \$=		OR	x \$ =	
	AM.	FIRST PRESENTATION	OF MULTIPLE	DEPENDE	NT CLAIM (37 CFR	1,16(0))					
Ì					·		TOTAL		OR L	total	
	• 1	(the entry in column	1 is loss than	the entry	io column 2t-	*0* .a. aalaa. 2	ADD'L FEE		OR	ADD'L FEE	

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering-preparing-and-submitting the complete of patients of the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S.P. aleranding. U.S.Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

If the entry in column 1 is less than the entry in column 2, write "U, in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".